## STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

# **RECEIVED**

PLEASE PRINT

FEB 06 2018

I. Name of Lobbyis	st(s) MAR	K A. LAM	RPD T		NEW HAMPSHIRE DEPARTMENT OF STAT
	()	irm or corporation, if			
	se s partnersnip, i	nm or corporation, ii	any:		
UNITIL O	Seropa 176	firm or corporation)			
	• • • • • • • • • • • • • • • • • • • •				
Rusiness Address:	Y LANE !	NEST HAN	fron	- AH	03842
dusiness Address.	(Speci)	(Town/City)		(State)	(Zip Code)
(Telephone	510 )	( <b>B</b> 03 227-4 (Fa	<b>b</b> 10	e-mail LAMB	ERT@UNITIL.COM
III. This statement	covers: (Choose	one – file separate rep ch are not attributable	orts for each	client, OR you m	ay file a separate report for
- open more expense	ti wilductions will	en are not attributable	to any one c	nent).	
All reportable tr	ansactions occurri	ng in the months prior to	o the reporting	date relative to th	ne following client:
UNITH C	00.00th				
WITTE CO	(Full Name of C	Client as it appears on the I	obbyist Registi	ration Form)	( <b>237</b> M.2
<u>OR</u>					
☐ All reportable tra unrelated to any par		obbyist (including the lo	bbyist's famil	y), or the lobbyin	g firm listed below which are
IV. Date of Report	April 26, 201	7 🗆	July	y 26, 2017 $\square$	
Reports cover: ac	tivity from date of r	egistration to 3/31/17		om 4/1/17 to 6/30/17	
	October 25, 2 activity from 7/1/			uary 31, 2018 🔀 om 10/1/17 to 12/31	
	d, complete just th	ved and no reportablis form and submit it to			
VI. Check if addition	onal reports are a	ttached:			
If you have rece	eived fees or made	expenditures, you must	file Addendu	ım A– Fees and E	xpenses
	l an honorarium or				port of Honorariums or
☐ If you, your firm	n, or your family h	as made political contri	butions, you n	nust file Addendu	m C- Political Contributions
Sworn Statement/A I have read RSA 15, and complete to the	RSA 15-B, RSA	14-C and RSA 664 and	hereby swear	or affirm that the	foregoing information is true
alla l lla	MINH!		1.	-31-12	
rigitature of lobby	ist)			-31-1 <b>8</b>	te)
MARK LAI (Print Name of lobb	MBERT				

# P L E A S E P R I N T

## STATE OF NEW HAMPSHIRE

## Lobbyists Fees and Expenses Addendum A



I. Name of Lobbyist(s) MARK A. LAMBERT	
II. Name of lobbyist's partnership, firm or corporation, if any:	
UNITIL GRPORATION (Name of partnership, firm or corporation)	
III. Name of Client UNITIL GREATTON	Date //3//18
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	t relations, or public relations services
a) Total of all fees received in this reporting period	a) \$ _ <b>8,25</b> 0
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$ <u>24,750</u> ear)
c) Total of all fees received to date (Add lines a and b)	c) \$ <u>33,000</u>
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office eximitividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm. e aggregate total of all expenses paid xpenses; (b) the aggregate total of all le: meals purchased during a business ss than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 for ue of greater than \$25, purchase of a er than \$25, but not greater than \$50, expense reimbursement, or political
<ul> <li>a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.</li> <li>b) Total aggregate of expenditures during this reporting period, not reported in a) of \$25 or less.</li> </ul>	a) \$ 716 b) \$ —
<ul><li>in a), of \$25 or less.</li><li>c) Total of all itemized expenditures reported in detail in section VI.</li></ul>	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <i>15,599</i> f) \$ <i>16,315</i>
f) Total of all expenses year to date	f)\$ <i>16,315</i>
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	
Mar Muntage	1-31-10
(Signature of lobbyist)	(Date)
MARK LAMBERT	
(Print Name of lobbyist)	

## State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: UNITIL GOPORATION
lame of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
articular client):
Date of Report (check one):
April 26, 2017   July 26, 2017   October 25, 2017   January 31, 2018
have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and ne following Addendums submitted with that Statement (insert the number of Addendum forms being ubmitted):
Addendum A(s).
Addendum B(s).
Addendum C(s).
hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and omplete to the best of my knowledge and belief.
Eignature of lobbyist)  (Date)
MARK LAMBERT
Print Name of lobbyist)